EXHIBIT 9

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

CHARLESTON DIVISION

IN RE: ETHICON, INC. PELVIC REPAIR SYSTEM PRODUCTS LIABILITY LITIGATION

MDL No. 2327

THIS DOCUMENT RELATES TO

Civil Action No.: 12-cv-2512

Linda Madding
Name of Plaintiff

PLAINTIFF FACT SHEET

Each plaintiff who allegedly suffered injury as a result of a pelvic mesh product manufactured or sold by Ethicon, Inc. must complete this Plaintiff Fact Sheet. In completing this Fact Sheet, you are under oath and must answer every question and provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details requested, please provide as much information as you can and then state that your answer is incomplete and explain why as appropriate. If you select an "I Don't Know" answer, please state all that you do know about that subject. If any information you need to complete any part of the Fact Sheet is in the possession of your attorney, please consult with your attorney so that you can fully and accurately respond to the questions set out below. If you are completing the Fact Sheet for someone who cannot complete the Fact sheet herself, please answer as completely as you can.

The Fact Sheet shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order. A completed Fact Sheet shall be considered interrogatory answers pursuant to Fed. R. Civ. P. 33 and 34 and will be governed by the standards applicable to written discovery under Fed. R. Civ. P. 26 through 37. You must supplement your responses if you learn that they are incomplete or incorrect in any material respect. The questions and requests for production contained in the Fact Sheet are non-objectionable and shall be answered without objection. This Fact Sheet shall not preclude Defendants from seeking additional documents and information on a reasonable, case-by-case basis pursuant to the Federal Rules of Civil Procedure and as permitted by the applicable Case Management Order.

In filling out this form, please use the following definition: "healthcare provider" means any doctor, physician, surgeon, pharmacist, hospital, clinic, center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical care or advice, and any pharmacy, x-ray department, radiology department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, chiropractor, or other persons or entities involved in the diagnosis, care and/or treatment of you.

II. CLAIM INFORMATION

1) Please complete the following chart for each implanted Ethicon, Inc. pelvic mesh product. Insert additional lines as necessary.

Pelvic Mesh Product and lot number (if sticker affixed, so indicate)	**Date and Location of Implant**	**Reason for Implant**	**Implanting Doctor and Address**
Product No. 1: Gynecare TVT Lot # 925515, Product # 810041(sticker affixed)	04/29/2002; Valley Medical Center (Renton, WA)	Vaginal vault prolapse with cystocele, rectocele and difficulty voiding. Urinary incontinence	Tamara Sleeter, MD; 17722 Talbot Rd. S. Ste. 100, Renton, WA 98055
Product No. 2:			
Product No. 3:			

2) For each pelvic mesh product identified above, describe your understanding of the medical condition for which you received the pelvic mesh product(s): Pelvic organ prolapse.

3) For each Ethicon, Inc. pelvic mesh product identified above, indicate if, prior to implantation, you received any written and/or verbal information or instructions, including any risks or complications that might be associated with the use of the product(s)? **Yes** ___ **No** _X_ **Don't Know** ___

If Yes:

a. Provide the date you received the written and/or verbal information or instructions: N/A

b. Identify by name and address the person(s) who provided the information or instructions: N/A

c. What information or instructions did you receive? N/A

d. If you have copies of the written information or instructions you received, please attach copies to your response.

4) For each Ethicon, Inc. pelvic mesh product(s) that remains implanted in you:

a. Has any doctor recommended removal of the pelvic mesh product(s)?
Yes _X_ **No** ___

If Yes, Identify by name and address the doctor who recommended removal and state your understanding of why the doctor recommended removal:

Hunter A. McKay, MD; Valley Medical Center 400 South 43rd Street, Renton, WA; due to urinary retention and overactive bladder symptoms.

5) Have any of the Ethicon, Inc., pelvic mesh product(s) been removed, in whole or in part?
Yes _X_ **No** ___ **Don't Know** ___

If Yes, for each pelvic mesh product removed provide:

a. On what date, where and by whom (doctor) was the pelvic mesh product(s), or any portion of it, removed? 03/01/2005 at Valley Medical Center by Hunter A. McKay, MD

b. Explain why you consented to have the pelvic mesh product(s), or any portion of it, removed? Because of the difficulties emptying bladder and the urinary frequency.

c. Does any medical treater, physician or anybody else on your behalf have possession of any portion of the pelvic mesh product® that was previously implanted in you and removed? **Yes** _X_ **No** ___ **Don't Know** ___

If Yes, please state name and address of the person or entity having possession of same. Steelgate, Inc., 2307 58th Ave. East, Bradenton, FL 34203

6) Do you claim that you suffered bodily injuries as a result of the implantation of any Ethicon, Inc., pelvic mesh product(s)? **Yes** _X_ **No** ___

If Yes:

a. Describe the bodily injuries, including any emotional of psychological injuries, that you claim resulted from the implantation of the pelvic mesh product(s).
Prior to the explant, I had difficulty emptying my bladder, frequent urination, infections, pain and bladder spasms. After I had the revision surgery I have abdominal discomfort, strains to urinate, urine leakage/incontinence, and occasional urinary infections.

b. When is the first time you experienced symptoms of any of the bodily injuries you claim in your lawsuit to have resulted from the pelvic mesh product(s)?
Within a week after the surgery, I did not, and could not, realize these symptoms were caused by or related to my mesh until later.

c. When did you first attribute these bodily injuries to the pelvic mesh product(s)?
I did not suspect, nor could I have suspected, that the product may have caused or was related to my symptoms until August of 2011.

d. To the best of your knowledge and recollection, please state approximately when you first saw a health care provider for each of those bodily injuries you claim to have experienced relating to the pelvic mesh product(s):
May of 2002

e. Are you currently experiencing symptoms related to your claimed bodily injuries?
Yes _X_ **No** ___

If Yes, please describe your current symptoms in detail

I have abdominal discomfort, strain to urinate, urine leakage/incontinence, and occasional urinary infections.

f. Are you currently seeing, or have you ever seen a doctor or healthcare provider for each of the bodily injuries or symptoms listed above? **Yes** _X_ **No** ___

If Yes, please list all doctors you have seen for treatment of any of the bodily injuries you have listed above.

Provider Name and Address	Condition Treated	Approximate Dates of Treatment
Tamara Sleeter, MD; 17722 Talbot Rd. South, Ste. 100 Renton, WA 98055	Bladder spasms, urinary incontinence, infections.	2002-2005
Hunter A. McKay, MD; 1145 Broadway Seattle, WA 98122	Urinary retention and overactive bladder	3/2005-5/2005

VERIFICATION

I, Linda I. Madding, declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Fact Sheet dated 3/21/16 and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

Linda I. Madding
Signature of Plaintiff

EXHIBIT 10

(COVINGTON)

Progress Notes

PATIENT'S NAME: Linda Madding

Date	
5-3-02	PO / LINDA REDACTED y/o HERE 7 Days post op for removal of catheter
	BP: 120/80 Rx: PROMA RIN . 625
OUT OF SEQUENCE	ALL: ASA
	cc: very uncomfortable otherwise doing well. Bearable pain specially when coughing & sneezing.
O:	Ext Gen: ϕ erythema, ϕ edema, ϕ apparent lesions -catheter removed 5 difficulty
A:	S/P A-P repair, SSLS, TVT on 4/29/02 - catheter removal
P:	① Pt. to try voiding, if unable to void in next 3 hours, pt. to call or RTC.
	② If problems voiding over weekend, pt. to call MD on call or go to VMC.
	Deborah Culliton
	REVIEWING PHYSICIAN
5/9/02	LINDA REDACTED y/o HERE FOR 2 WKS POST OP ✓
	BP: 120/80
	cc: feeling good
	PE vaginal well - some tissue necrosis under mesh trimmed, tape not visible
	Cath out - if unable to void will replace See tomorrow

Form revised: 07/23/99

Page # _____

Valley Women's Clinic 17722 Talbot Road South Renton, WA 98055 Medical Records: (425) 271-4303 Fax: (425) 271-2566

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Progress Notes

PATIENT'S NAME: Linda Madding

Date	
5/3/02	1[30]/pm Pt foley removed today having problems c pain/spasms c urination. Per Dr. Silvers: To RTC for catheterization if 7:100 cc residual / to leave in. / R
5/3/02	2[45]/ #16 Foley cath inserted - 650cc pale/clear urine obtained. Home c leg bag. Rx given Macrobid 100 i BID c food - 4 samples + Rx #10 Rx Pyridium 200 #9 i tid po Samples Ditropan XL 5mg i daily
5-6-02	Linda - letter sent to pt. to be excused from Jury Duty. TS (Do) Advised mammogram - WNL. (D)

Form revised: 07/23/99

Page # ____________

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EXHIBIT 11

Progress Notes

PATIENT'S NAME: Linda Maddingly

Date	
5/10/02	C/o problem c spasms/urinary incontinence since 3Am.
	#16 Foley catheter - reinserted - 750cc clear urine obtained.
	PE incision line anteriorly is clean but will need to be watched
	Dx S/P A&P repair c TVT placement urinary retention
	Rx see Monday Foley placed, will be in for another week
	[illegible]
6/13/02	R/V incision line cath out at 2:00pm - still with spasms.
	vag incision looks much improved
	Dx healing post-op Rx with Ant residual @ 5PM Foley reinserted -
5/16/02	incision stable, no evidence of tape erosion
	Foley reinserted - 500cc residual obtained
	suture line continues to be swollen but healing
	Dx S/P -op c urinary retention
	Rx Keep Foley x1 wk
	Ditropan Detrol LA 5mg x1 wk stop in 5 days to see if she can urinate next Monday

Form revised: 07/23/99

Page # ____

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EXHIBIT 12

Progress Notes

PATIENT'S NAME: Linda Madding

Date	
5·21·02	RF for hydrocodone #20 called into pharmacy REDACTED
	REDACTED per Dr. T.S. ——— LSLPN
5/23/02	LINDA HERE FOR RF ✓ – Foley out @ 10AM – gets urge to urinate q 15-30' voiding 25-100 cc time. Has problems p̄ voiding
	PE Suture line much improved – some swelling but much improved and less tender
	50 cc residual today c̄ self cath
	Dx healing slowly
	Rx See next Thursday or tomorrow if needed
	[signature]
5/24/02	PC to ✓ status – Had comfortable night had done self cath × 1 only got 50cc. / Not feeling uncomfortable – will cont voiding on own – & will self cath prn / [initials]
6-17-02	Linda – pc from pt – she had surgery 4/29 – does self cath q 4° – thinks she has an infection and it hurts now. Wants to be checked. appt. given tomorrow to see Dr. Jaucian (DO)

Form Revised: 06/26/01

Page#__________

Valley Womens Clinic Talbot Road South Renton, Wa 98055 Medical Records: (425) 271-4303 Fax: (425) 271-2566

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